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Area: _____ Zone: _____ Unit: _____

Address: _____

Date: _____

Asian Longhorned Beetle (ALB) Eradication Program

We recently visited your property and wish to inform you of the following:

- The (Ground Survey/Tree Climbers) have completed a survey of your property and have NOT found signs of ALB; however, future surveys will be required.
- The (Ground Survey/Tree Climbers) have completed a survey of your property and have found a POSITIVE tree(s) on your property. Please read and sign the included tree removal release form.
- The (Ground Survey/Tree Climbers) have completed a survey of your property and have found a SUSPICIOUS tree(s) on your property. Your tree(s) will be rechecked in the near future to confirm a positive or a negative presence of ALB.
- Chemical treatment of trees for ALB will be conducted in this area. Please read and sign the included treatment release form.
- We will begin removal of infested trees on your property between _____ (date) and _____ (date).
- The restoration of your property, following tree removal, will be conducted as soon as weather conditions allow. Property restoration includes the grinding of the infested tree's stump followed by the addition of loam and seed to the affected area.
- We would like to meet with you about tree replanting. Please call our office.
- We wish to speak with you for the following reasons. Please call our office.

Thank you for your cooperation. If you have any questions, please contact the ALB program office at **508-852-8090** or **1-866-702-9938**.

www.BeetleBusters.info



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